

points out 1, that a conservative treatment may prove successful even in seemingly hopeless cases of a neglected ichorous inflammation of injured large joints. As is known, Esmarch, Volkmann, Billroth, Kolomnin, Albert, Heitzmann and other authorities recommend under similar circumstances, either resection of the joint or an amputation of the limb above the articulation affected; 2, that a successful issue in cases like the above adduced must be attributed solely to adoption of strictest antiseptic rules; 3, that in every one and all of those seemingly hopeless cases, the surgeon's moral duty is to make an attempt at preserving the patient's limb, before resorting to any grave mutilation as involved by resection or amputation.---*Proceedings of the Arkhangelsk Medical Society for 1887*, vol. ii, 1888.

VALERIUS IDELSON (Berne.)

**II. Contribution to the Surgery of the Joints.** By P. SENDLER (Magdeburg). The author gives at length the histories of fifteen operations on the knee in 13 patients. Most patients being children two and a half to four years of age, adults, twenty to thirty-five years. Fifteen operations were performed, the disease affecting both knees in two patients. Four of these operations were arthrotomies; with two exceptions tuberculosis was the indication for operative interference. In five cases in which an attempt was made to obtain favorable ankylosis four were successful. In those cases where tuberculosis of both knee-joints was present ankylosis was desired in one knee only and obtained. There is nothing new brought forward in the paper.—*Deutsch Zeitschr f. Chir.* bd. 27, heft. 3 and 4.

HENRY KOPLIK (New York).

**III. "Resectio Dorsalis Tarso-Metatarsea." A New Operative Procedure.** By R. GRITTI. This operation is designed for the removal of the basis of the metatarsal and the adjoining tarsal bones. The operation is performed as follows: A cross incision of the skin is made over the instep, somewhat above the basis of the metatarsal bones; at each end of this an incision is carried, the one along the outer and the other along the inner border of the foot. These, when completed, should mark out a letter H. The two rect-

angular flaps are turned back and the bones exposed. The navicular and cuboid bones are sawn across, in a direction from the dorsum toward the plantar surface, and upon the same level. In the same manner the metatarsal bones are sawn through, and the parts to be removed loosened from their connection with the plantar surface of the foot. Ligature of the anterior tibial artery will be necessary; the surfaces of the sawn bones are to be sutured, as well as the tendon of the extensor longus pollicis muscle, and the external wound closed.

The operation is indicated in cases of injury or disease or the tarso-metatarsal articulations.—*Gaz. degli Osp.*, Nov. 2, 1887.

G. R. FOWLER (Brooklyn).

**IV. Contribution to the Value of the Osteoplastic Resection of the Foot after Wladimiroff-Mikulicz.** By DR. KARL BAUERHAHN (Berlin). The author contributes three cases operated upon by Professor Rose to the literature of the above operation the foot first carried out by Wladimiroff, and subsequently also in a modified manner by Mikulicz. Thus far 27 cases occur in the literature, which have been the subjects of this operation on the foot. G. Fisher has tabulated 15 cases, Zesas 19, and Ch. Fenger, 22 cases respectively. The operation was carried out in the majority of the cases for caries. In the first case of Mikulicz it was performed for a loss of substance caused by a syphilitic ulcer. Rousseau performed it in a case of badly united and complicated fracture. In the case of Niehaus there was a trauma. Slifassowski performed this operation for a sarcoma of the periosteum involving the calcaneus. This latter case adds another indication (malignant growths) for the performance of this operation. The operation of Wladimiroff-Mickulicz has been carried out upon adults in the majority of cases. In three cases children under 13 years of age were operated upon, the indication here being caries. Most of patients were of the middle age of life. The hope expressed by Mikulicz that in cases of tuberculosis a definite cure could be obtained because the operation was performed in healthy tissue, has not been realized. In several cases of caries a return of disease occurred some time after operation; in four cases of